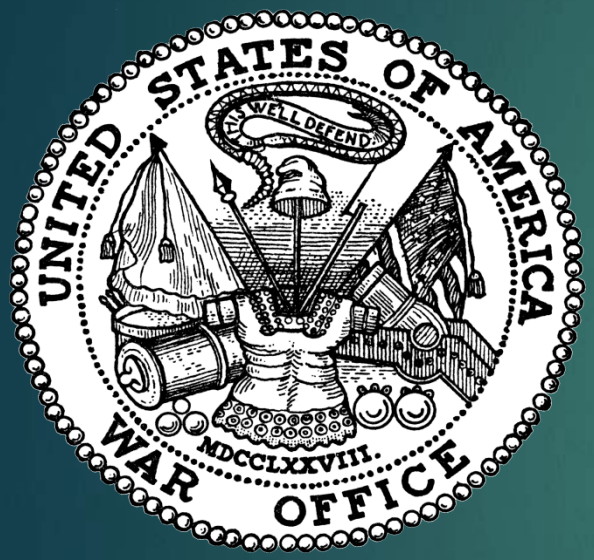
A Healthy Nation

CHERISHES HEALTHY CHILDREN

Testimony of Dr. Jennie Joe, University of Arizona
Commission on Native Children Public Hearing, Scottsdale, AZ, March 14, 2020

A History of Health Care Delivery System under three Federal Banner

Military: U.S. War Department



Goal: Removal, Relocation, and Containment

Smallpox vaccination for "friendly" tribes

Unfulfilled Treaties agreement promising healthcare resources

Outsourcing to missionaries—schools, healthcare

Department of Interior

Goals: Boarding Schools

Children battling cycles of infectious disease

Field nurses: case finding, diagnoses, and hospitalization (Sanatoriums)
Boarding School-"hotbed" for contagious diseases

PHS/IHS/TRIBAL/URBAN

Health facilities, qualified heath care providers, community-based services,
chronically underfunded

Tribal & Urban: Implementation of Self-determination

Indian Child of Yesterday

Home births
- **Attended by kin/midwives**

Prenatal, Postpartum care and child rearing patterns guided by
- **tribal and cultural practices**

No local or national birth registry
- **No morality/morbidity records**

Multiple births forced by high
- **infant and maternal mortality**

Yesterday's Health Issues for Children & Youth

Lives taken on the path to civilization: Crowded boarding schools "hot beds" for contagious diseases=tuberculosis, trachoma, etc.

Indian baby of today

Born in the hospital
- possible gestational birth
- birth and childhood data recorded
- issued a hospital registry number

Mother received some prenatal care-? third trimester

Child Seen in one or more well baby clinics

Receives needed immunization

Childrearing practices: non-native culture
- Attends Head Start near home

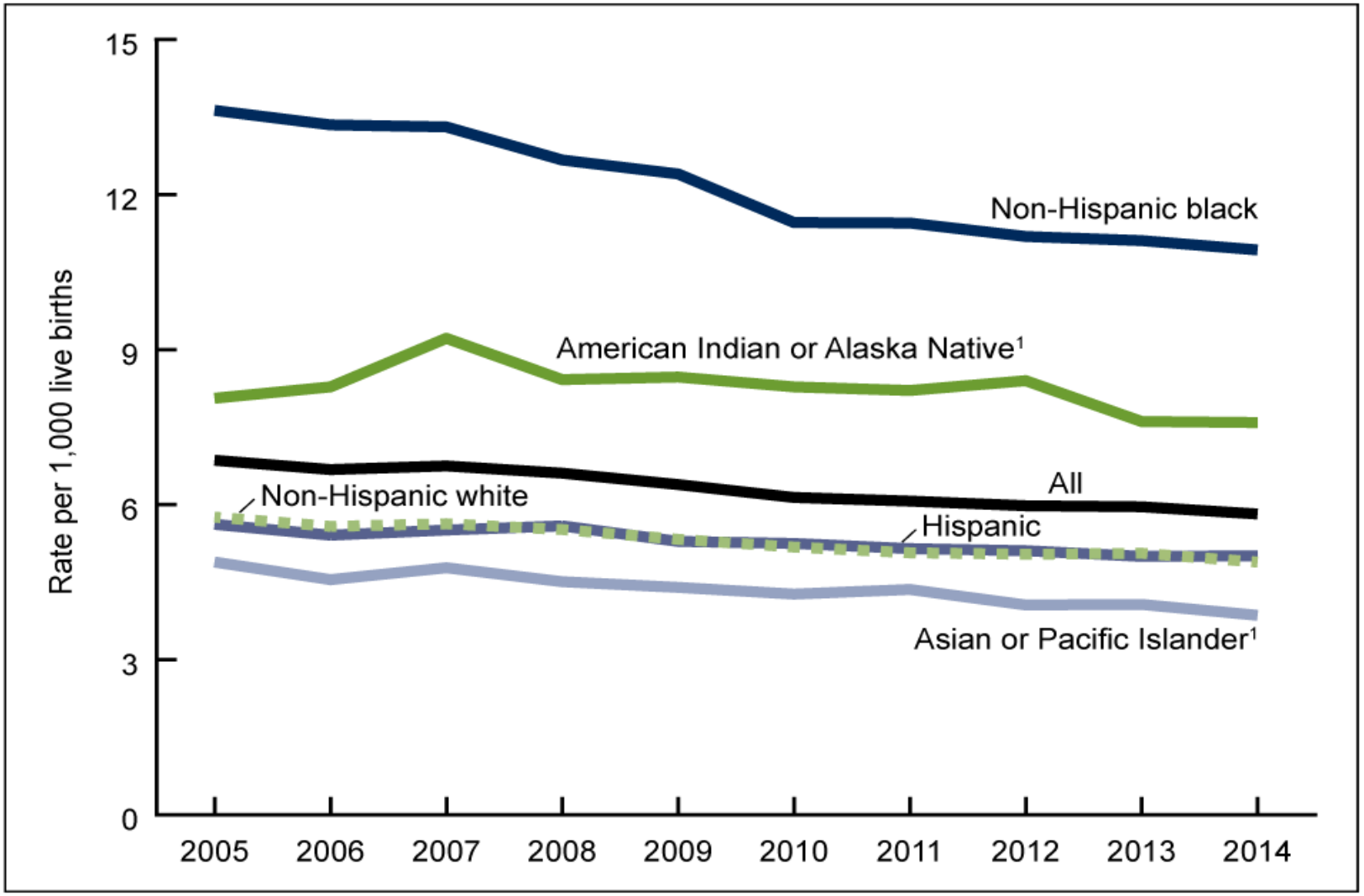
Health risks are non-communicable diseases==type 2 diabetes, etc.

Healthcare coverages

Private insurance

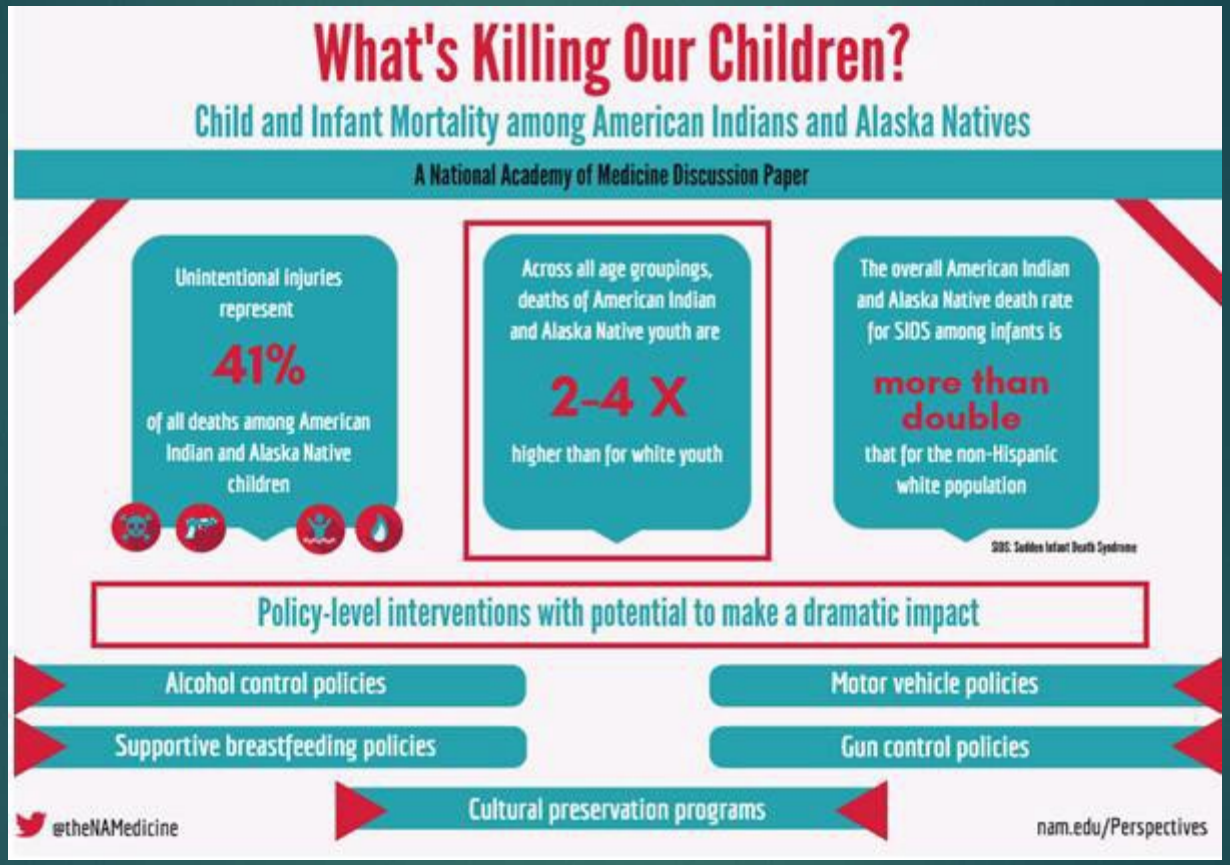
High rates of uninsured

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2005–2014

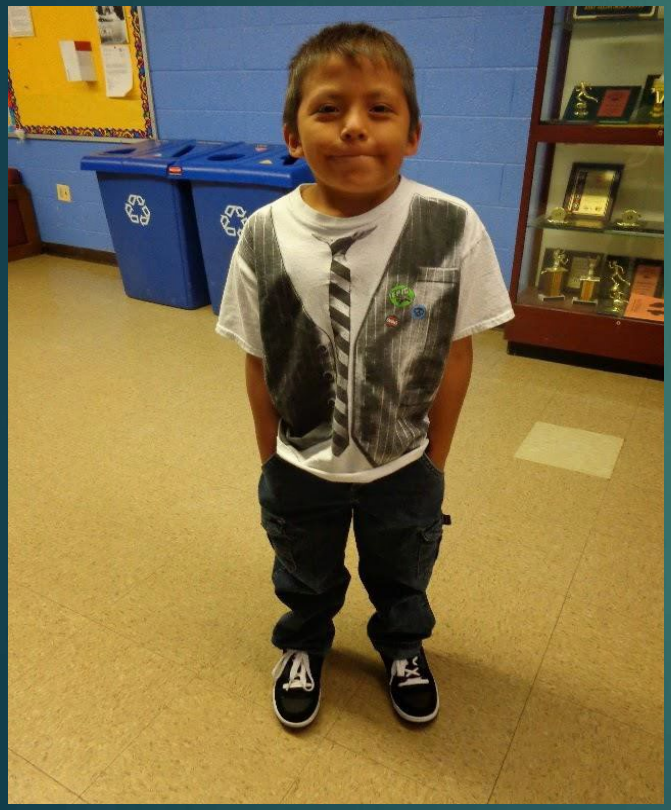


[1]Includes persons of Hispanic and non-Hispanic origin.
NOTES: For "All" and each race and Hispanic origin group, the decline in the rate for 2005–2014 is statistically significant ($p < 0.05$). Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db279_table.pdf#1.
SOURCE: NCHS, National Vital Statistics System.

National Academy of Medicine



Early Childhood



May live with grandparent(s) or with mother (single head of household).

Takes a bus to school—if not in residential boarding schools

Family's primary source of income: SS;SSI; GA, etc.

Nutritional Needs: National School Lunch Program; Supplemental Nutrition Assistance Program; WIC—Supplemental Nutrition Program for Women, Infant, & Children; USDA Food Commodities

Gets a school physical periodically

Not likely to speak his/her tribal language

Some of Today's Challenges

Chronic diseases—childhood obesity related diabetes, Asthma. etc.

Mental health problems—substance abuse, suicide, depression, etc.

Developmental Disabilities/Developmental Delays

Oral health

Unintentional injuries

Autism, Asthma, SIDS

Genetic abnormalities

Child abuse/neglect

Looking for Solutions

Develop and institute measurements of well-being that go beyond data physical health, education, economic, social to better understand "healthy families, healthy children."

Create Child-centered Mental Health Services Models

Establish Comprehensive Childhood Diabetes Prevention & Treatment Models

Invest in Innovative culturally appropriate Child abuse prevention & treatment programs

Increase access to pediatric specialist (developmental pediatricians)

Increase Early interventions: home visiting; developmental disabilities; high risk

Advocate for More Head Start Programs w/qualified teachers